

A Case of Recurrent Transient Ischemic Attack: Is it Capsular Warning Syndrome?

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INTRODUCTION

Keyword: Capsular warning syndrome, stroke, ischemia

Capsular Warning Syndrome (CWS) is characterised by recurrent episodes of unilateral transient motor and/or sensory symptoms affecting the face, arm and leg, with a high risk of evolving into a full-blown stroke. Early diagnosis and intervention are critical for preventing permanent neurological damage.

CASE DESCRIPTION

This is a 44-year-old female who was diagnosed with a recurrent transient ischemic attack with possible capsular warning syndrome. She presented with intermittent one-sided body weakness and numbness for one month. Despite being on antiplatelet for her underlying coronary artery disease, her condition worsened one week prior to the emergency department (ED) presentation. Neurological assessment during symptomatic episodes revealed transient hemiparesis without cortical involvement. Urgent plain CT brain was done revealed no acute intracranial hemorrhage or focal brain parenchyma lesion and proceed with MRI brain which shows small vessel disease (Fazekas 1) with no evidence of cerebral infarction. Given the recurrent and stereotypical nature of her symptoms and imaging findings, a diagnosis of CWS was made. She was initiated on dual antiplatelet therapy, leading to symptom resolution during the admission.

DISCUSSION

CWS serves as a clinical warning for impending full-blown stroke. It is commonly misdiagnosed as recurrent transient ischemic attack (TIA), delaying appropriate intervention. The role of MRI is vital in identifying subcortical ischemia and excluding cortical involvement. Timely initiation of dual antiplatelet therapy has shown benefits in preventing stroke progression. This case emphasizes the importance of clinical suspicion and early aggressive management in patients with stereotypical transient deficits.

CONCLUSION

Clinicians should maintain a high index of suspicion for CWS in patients with unilateral transient symptoms. Prompt recognition, imaging, and treatment escalation can significantly reduce the risk of permanent neurological injury.

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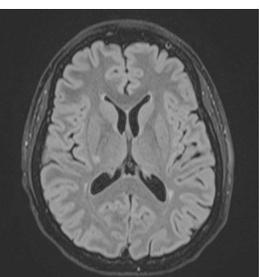


Figure 1: MRI brain revealed small vessel disease (Fazekas 1)

Figure 1